

# Participant Enrollment

## Participant Information

<div>_____</div> <div>Last Name</div>			<div>_____</div> <div>First Name</div>			<div>_____</div> <div>MI</div>			<div>_____</div> <div>Social Security Number</div>								
<div>_____</div> <div>Address - Number &amp; Street</div>												<div>_____</div> <div>E-Mail Address</div>					
<div>_____</div> <div>City</div>				<div>_____</div> <div>State</div>				<div>_____</div> <div>Zip Code</div>				<div>Mo</div> <div>Day</div> <div>Year</div>		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
										<div>_____</div> <div>Date of Birth</div>		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried			
<div>( _____ )</div> <div>Daytime Phone</div>																	

## Payroll Information

- ☐ I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.
- ☐ I elect to make a voluntary after-tax contribution of \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation to the 401(k) Plan until such time as I revoke or amend my election.

Payroll Effective Date: 

\_\_\_\_\_

Mo

\_\_\_\_\_

Day

\_\_\_\_\_

Year

Date of Hire: 

\_\_\_\_\_

Mo

\_\_\_\_\_

Day

\_\_\_\_\_

Year

Payroll Center Name 

\_\_\_\_\_

Payroll Center Number 

\_\_\_\_\_

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option.

<u>Investment Option Name</u>	<u>Investment Option Code</u>		<u>Investment Option Name</u>	<u>Investment Option Code</u>	
Fund Number One .....	FUND1	_____%	Fund Number Four .....	FUND4	_____%
Fund Number Two .....	FUND2	_____%	<b>MUST INDICATE WHOLE PERCENTAGES</b>		
Fund Number Three .....	FUND3	_____%	<b>= 100%</b>		

***See next page for Participation Agreement and the Required Signature.***



# Participant Enrollment

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

## Participation Agreement

**Withdrawal restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, and disclosure documents, have been made available to me and I understand the risks of investing.

**Plan Fees** - I understand that fees may apply under this Plan.

**Compliance with Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by my employer prior to the receipt of any deposits, I specifically consent to the Service Center retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that the monies will be transferred from the default investment option and applied according to the allocations on my Participant Enrollment form. I understand that I will not be able to make any changes to my account until my completed Participant Enrollment form has been received.

**Account corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify the Service Center of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Required Signature** - I have completed, understand and agree to all pages of this Participant Enrollment form.

**Participant return to:  
Plan Administrator**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## Payroll Center Information

PAYROLL CENTER 001